



**St. Dominic's**  
**HIPAA Privacy & Security**

**SYSTEM ADMINISTRATOR ESTABLISHMENT FORM**

**I. SYSTEM ADMINISTRATOR & CLINIC INFORMATION**

<b>*System Administrator:</b>			
<b>Job Title:</b>			
<b>Check All that Apply:</b>	Medical Provider (MD, PA, ARNP, Etc )	Office Staff	Other User
<b>System Administrator Email:</b>			
<b>System Administrator Phone:</b>			
<b>Clinic/Office Name:</b>			
<b>Clinic Address:</b>			
<b>City, State, Zip:</b>			
<b>Clinic Phone number:</b>			
<b>*The Office Manager will typically serve as Security Administrator.</b>			

**I.** Requestor (Remote User) Two (2) Factor Authentication. Please fill out this form completely. **Incomplete forms will be returned and fulfillment of your request will be delayed.** Please forward the completed form as an email attachment to your Authorizing Supervisor or for external requestor, your St. Dominic Sponsor, for their approval. For security reasons St. Dominic's Hospital requires all remote connections to be authenticated using two (2) factor authentications. You must not only know your username & password to access St. Dominic's network but you must also have your cell phone or access to your work phone to authenticate each remote access session. Provide a cell or direct work phone as your PhoneFactor contact number.

**II. SYSTEM ADMINISTRATOR RESPONSIBILITY**

The System Administrator will be the primary contact related to the clinic's use of St. Dominic's EHR. This individual's responsibilities include:

- Ensuring users who gain access to St. Dominic's electronic medical record system have received HIPAA privacy and security training.
- Training users on St. Dominic's electronic medical record system.
- Submitting to St. Dominic's IT Department all requests for access to EHR.
- Keeping an up to date log of all users with access to St. Dominic's electronic medical record.

- Notifying St. Dominic's of a user's change of employment status immediately for deactivation purposes. (Termination, Retirement, etc)
  - Reporting any and all unauthorized uses and disclosures to St. Dominic's Privacy Officer within 5 business days of the disclosure.
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**Security Administrator Name:**

**Signature:**

**Date:**

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